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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

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	Application Number	09/549,002								
	Filing Date	April 14, 2000								
	First Named Inventor	Paul C. Hassler								
	Art Unit	3671								
	Examiner Name	Tara L. Mayo								
	Attorney Docket Number	7330*1								

To:	P.O.	Commissioner for Patents P.O. Box 1450											
		Alexandria, VA 22313-1450											
Pleas	Please withdraw me as attorney or agent for the above identified patent application, and												
LX.	x all the attorneys/agents of record.												
the attorneys/agents (with registration numbers) listed on the attached paper(s), or													
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	irm or ndividua	I Name	Paul C. F	Hass	ler								
Address	50	03 Jeffe	erson Ave	enue	1								
City	Ne	New Castle				State	Delaware					Zip	19720
Country													
Telephor										Fax			
Name	`	James	M. Olsen	Λ				·					
Signatu	ıre	James M. () kin						Registration No.			40,408		
Date Jule 16, 2004									(302) 658-9141				
NOTE: Withdrafval is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.													
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